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 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT COURT
 FOR THE NORTHERN DISTRICT OF
 CHICAGO DIVISION

RECEIVED

JAN 07 2008

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

LOUIS C SHEPTIN,
 PETITIONER
 vs.

Case # 82 CR 555

ATTORNEY GENERAL,
 RESPONDENT

EMERGENCY APPLICATION

DIRECTED TO THE HONORABLE CHARLES KOENIGS, JUDGE

SUPPLEMENT TO EMERGENCY
 APPLICATION FOR WRIT OF
 HABEAS CORPUS

COMES NOW THE PETITIONER, LOUIS CHARLES
 SHEPTIN AND MOVES UNDER 28 USC 2241
 FOR WRIT OF HABEAS CORPUS TO ISSUE, AS
 PETITIONER IS BEING HELD IN VIOLATION OF
 HIS RIGHTS UNDER BOTH CIVIL RIGHTS LAW
 AND CONSTITUTIONAL LAW.

08CV0116

JUDGE KENNELLY

MAG. JUDGE MASON

RECORDS WOULD SHOW VIA EXHIBIT(S)

1. THAT ON OR ABOUT DECEMBER 7, 2007 WHILE IN FEDERAL CUSTODY, PETITIONER HAD A HEART ATTACK SEE EXHIBIT MARKED "A"
2. THAT PETITIONER WAS RUSHED BY AMBULANCE TO SAINT ANTHONY'S HOSPITAL ON 12/07/07 AND ADMITTED TO INTENSIVE CARE UNIT IN CRITICAL CONDITION. SEE EXHIBIT MARKED "B"
3. THAT CARDIAC ANGIOPLASTY WAS PERFORMED AND A SEVENTH (7TH) STENT WAS PLACED BY DR. SUTOR. SEE EXHIBIT MARKED "C" INTO PETITIONER'S → 2 LAD ARTERY

4. THAT ADDITIONALLY PETITIONER WAS DIAGNOSED WITH DIABETES, BREAST CANCER (MASS) AND LEFT SHOULDER INJURY¹ FOR FOLLOW-UP BY RESPONDENT, SEE EXHIBIT MARKED "D" NO FOLLOW-UP GIVEN! TO DATE.

5. THAT A HANDWRITTEN MED LIST WAS SENT WITH PETITIONER, SEE EXHIBIT MARKED "E"

6. THAT ALSO A COMPUTER GENERATED 3 PAGE MED LIST WAS ALSO SENT TO FEDERAL DETENTION CENTER

(A) OKLAHOMA CITY, AND MCC CHICAGO.

¹ AND CARDIO-DAMAGE (EX-"D" ARROW)

7. THAT THE THREE PAGE
MEDICATION LIST CONTAINED
21 MEDICATIONS LISTED,
HOWEVER THE MEDICATION
LIST SENT WITH PETITIONER
WAS THAT OF ONE

JAMES T. CALL

DATE OF BIRTH 01-23-38
SEE EXHIBITS MARKED

"F", "G" AND "H"

AND NOT LOUIS C. SHERWIN

8. THAT DR. HARVEY, CLINICAL
DIRECTOR PRESCRIBED OF
EXHIBITS F, G AND H MEDICATIONS

WITHOUT PAYING ATTENTION
TO WHAT NAME WAS ON
THE MED LIST, INSURING PETITIONER
→ AS A CONSEQUENCE
OF HARLEY'S NEGLIGENCE,
AND MALPRACTICE, PETITIONER
WAS RUSHED
TO NORTHWESTERN HOSPITAL
WITH CARDIAL COLLAPSE,
BLOOD PRESSURE OF 88/40
NEAR DEATH; AND POSSIBLE CARDIO-DAMAGE

SEE EXHIBITS I, J,
K, AND K, DISCHARGE FROM
NORTH WESTERN.
- 5 -

PETITIONER WAS INJURED
AND CONTINUES TO NEED
FOLLOW-UP FOR BREAST
CANCER¹. SEE EXHIBIT
MARKED "K," OF WHICH MCL
IGNORES.

PETITIONER MOVES FOR RELEASE
OR MEDICAL BOND, FORTHWITH.

Respectfully submitted,
Yule Oyle

LOUIS C. SHEPARD
71 W. VAN BUREN ST
CHICAGO, IL 60605

11 SINCE NOV 13, 2007 AND © SHOULD
RATOR CORP DUTY.

12/07/07 8:30:10

SHEPTIN, LOUIS
ID: 90355024

59 YEARS	Vent. Rate:	73 bpm
	P Duration:	102 ms
	QRS Duration:	94 ms
	PR Interval:	176 ms
	QT Interval:	408 ms
	QTc Interval:	429 ms
	QT Dispersion:	40 ms
	P-R-T AXIS:	77° -73° 89°

MALE
Meds:
Class:
Loc:
Dr:
Tech:

1
WILES

Sinus rhythm
Left axis deviation - anterior fascicular block
Possible old inferior infarct
Possible anterior infarct

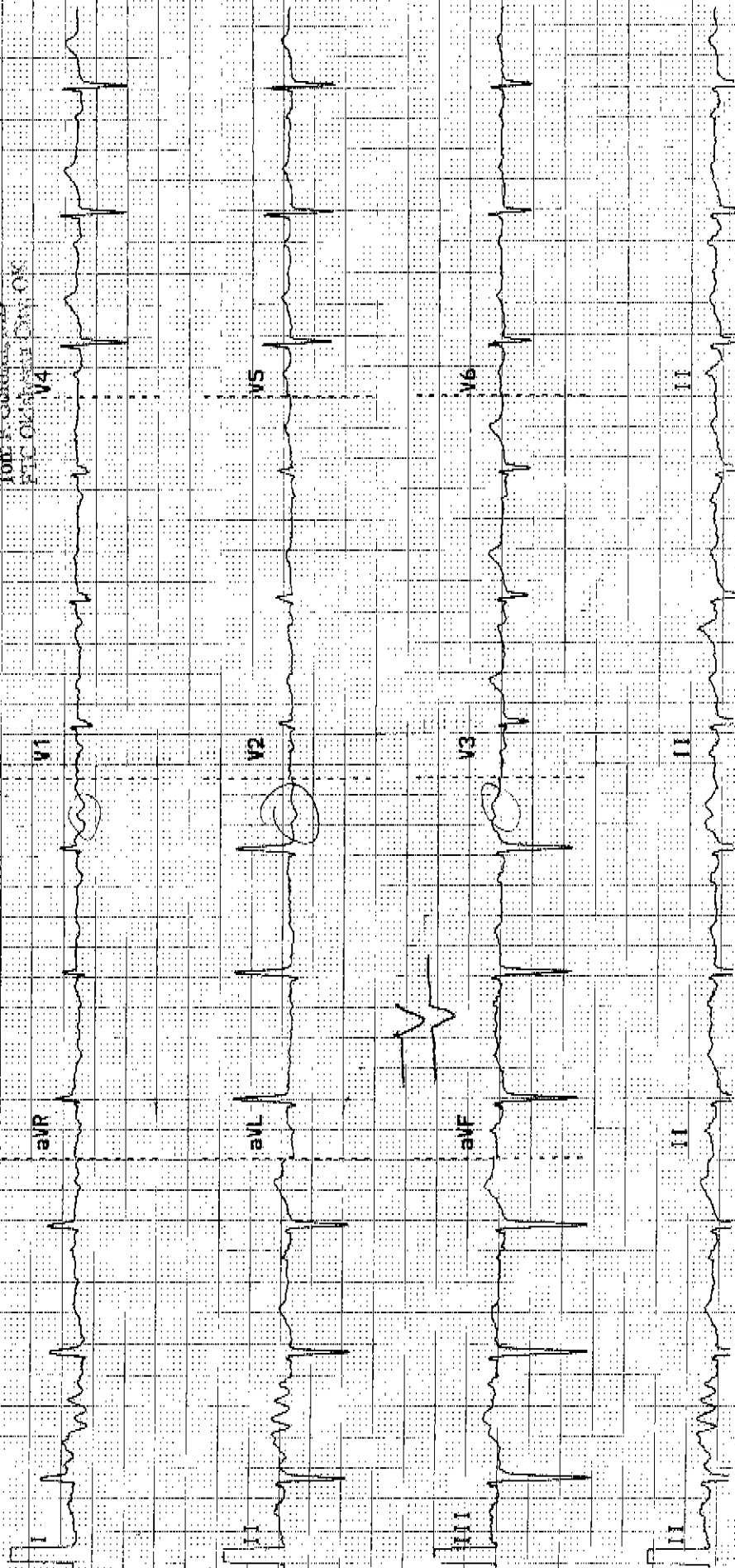
Abnormal ECG

* Unconfirmed Analysis *

L. Wiles, MD
FTC Oklahoma City, OK
BP 94/43 R66 R16

DEC 11 2007

Tom F. Gorman, MD
FTC Oklahoma City, OK

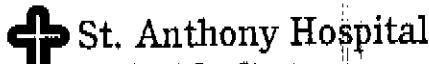


L: 10 mm/mV
C: 10 mm/mV

25 mm/s
STABLE 40 Hz

STAT

ST ANTHONY HOSPITAL
 * SHEPTIN, LOUIS I/P
 0734100419 CAR 3005-01
 10/23/1948 59Y M 12/07/07
 000511770 SUTOR, RONALD



1000 North Lee Street
 Oklahoma City, OK 73102

SA382-B (Rev. 9/05)

PHYSICIAN'S ORDERS



1000 North Lee Street
 Oklahoma City, OK 73102



St. Anthony south

BEHAVIORAL MEDICINE
 2129 S.W. 59th Street
 Oklahoma City, OK 73119

		Dangerous Abbreviations NOT To Be Used							
		Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead
		U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine
		IU	International Unit	.X mg	0.X mg	Q.O.D.	Every other day	MgSO4	Magnesium Sulfate
DATE	12/10/07	Discharge							
TIME		Aspirin ECASA 325g daily PO Plavix 75g daily " Vytorin 10/10 every evening " Sotalol 40g (PO daily) " Zantac 150g (PO daily) " Tegretol 200g (PO daily) " Dilantin 300mg every evening " Nitro 0.4g 50g PO SL Tylenol 325g 1-2 tabs every 4 hours PRN							
DATE	12/10/07	Dr. Cam. Spent 4 hrs + full Cardiology Hyperchole Hx a-fib Hepatitis C C.R.T. Hypertension Severe diarrhea Morphinine dependence Borderline Diabetes (R) Breast lump? Spurs on both feet accord to PT. (L) Shoulder soft tissue injury - needs further work up.							
TIME		Pt. Dr. Confirmed in the medical Clinic FTE no lifting or strain for 1 week after ad hb (R) breast mass + (L) Shoulder soft tissue injury need further follow up.							

Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead
U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine
IU	International Unit	.X mg	0.X mg	Q.O.D.	Every other day	MgSO4	Magnesium Sulfate

Saint Anthony Hospital
1000 North Lee, Oklahoma City, Oklahoma 73102

ST ANTHONY HOSPITAL

* SHEPTIN, LOUIS I/P
0734100419 CAR 3005-01
10/23/1948 59Y M 12/07/07
SUTOR, RONALD 000511770

Inpatient Discharge Instructions**Diagnoses and Comments:**

~~CNO sp Stent~~ Seizure Disorder
~~HV AFib~~ R Shoulder soft tissue injury
Hepatitis C
GERD

Appointments:

Physician: Dr. Cantore Medical Clinic date/time: _____

Special Instructions:

Diet: Healthy Diet Activity: NO Lifting for 1 week

Other: (laboratory, physical therapy, return to work, etc)

Home Health: _____

phone: _____

Medications: (name, dosage, how often)

Ec Aspirin 325 daily po
Plavix 75mg TO ARRIVE
Vitamin D140 every evening Refused Surgery
Sotalol 40mg
Zantac 150mg twice daily
Dilantin 300mg every day
NTG 0.4mg SL PRN chest pain
Iylenal 325 1-2 tabs q 4 hrs PRN pain

If you have questions, call: _____

phone: _____

"I understand, and have received a copy of this discharge plan."

(signature of patient or guardian): [Signature]

date: 12-10-07

Physician signature: _____

date: _____

discharging nurse: Jennie [Signature]

date: 12-10-07

initials: _____

☐ STAT

St. Anthony Hospital
1000 North Lee Street
Oklahoma City, OK 73102

5A382-B (Rev. 9/05)

PHYSICIAN'S ORDERS

ST ANTHONY HOSPITAL

* SHEPTIN, LOUIS

0734100419 CAR 3005-01 I/P
10/23/1948 59Y M 12/07/07
000511770 SUTOR, RONALD

St. Anthony South
BEHAVIORAL MEDICINE
2129 S.W. 59th Street
Oklahoma City, OK 73119

**St. Anthony
Heart Hospital**
1000 North Lee Street
Oklahoma City, OK 73102

		Dangerous Abbreviations NOT To Be Used							
		Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead
		U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine
		IU	International Unit	.X mg	0.X mg	Q.O.D.	Every other day	MgSO4	Magnesium Sulfate
DATE	12/10/07	Discharge							
TIME		Aspirin ECASA 325mg daily PO Plavix 75mg daily " Vytorin 10/40 every evening " Sotalol 40mg (once daily) " Zanex 150mg twice daily " Tylenol 200mg twice daily " Dilantin 300mg every evening " Nifedipine 0.4mg 50L per 1st Tylenol 325mg 1-2 tabs every 4 hours PRN							
DATE	12/10/07	DL: 5mg Spontaneous LMS + small Cardiac arrest (←) Hypertension HTA 2 pills Hepatitis C C.R.P. Hypertension Severe diarrhea Missing insulin dependence Diabetes (R) Breast lump? Spores on both feet accord to PT. (D) Should be soft tissue injury - needs further workup.							
DATE		Pl. Dr. Control in the medical Clinic F.T.C. NO lifting or strain for 1 week - then ad lib (D) Should be soft tissue injury - needs further workup.							
TIME		R. H. S.							

Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead	Do Not Use	Use Instead
U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine
IU	International Unit	.X mg	0.X mg	Q.O.D.	Every other day	MgSO4	Magnesium Sulfate

Saint Anthony Hospital

1000 North Lee, Oklahoma City, Oklahoma 73102

ST ANTHONY HOSPITAL



* SHEPTIN, LOUIS 1/P
 0734100419 CAR 3005-01
 10/23/1948 59Y M 12/07/07
 SUTOR, RONALD 000511770

Inpatient Discharge Instructions**Diagnoses and Comments:**

CAD w/ Stent Scurvy Disorder
 Hx AFib @ Shoulder soft tissue injury
 Hepatitis C
 GERD

Appointments:

Physician: Dr. C. L. L. Medical Clinic date/time:

Special Instructions:

Diet: Healthy Diet Activity: No Lifting for 1 week

Other: (laboratory, physical therapy, return to work, etc)

Home Health: phone:

Medications: (name, dosage, how often)

EC Aspirin 325 daily po
 Plavix 75mg
 Vitamin 10/40 every evening
 Sotalol 40mg
 Zantac 150 mg Tace daily
 Dilantin 300mg every day
 NTG 0.4mg SL PRN chest pain
 Tylenol 325 1-2 tabs q 4 hrs PRN pain

If you have questions, call:

phone:

"I understand, and have received a copy of this discharge plan."

(signature of patient or guardian):

date: 12-10-07

Physician signature:

date:

discharging nurse:

date:

faxed to:

fax number:

date & time faxed:

initials:

Special Instructions:

Special Instructions:				Frequency	0000-0730	0731-1530	1531-2359
Ord#	Start	Stop	Drug/Dose/Route/Comments				
0163 PD FLK	12/08 1700		MOM CONCENTRATE 10 ML SUSPENSION MILK OF MAGNESTA CONC Dose: 30ML/10 ML [ORAL] CONTIPATION 10ML CONCENTRATE = 30ML MOM	daily prn PRN			
0166 PD FLK	12/08 1700		OXYCODONE/APAP 5/325MG 5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 1-2 TAB/1-2 TABLET [ORAL] FOR PAIN	every 1 hour PRN		f Jan	
0169 RH FLK	12/08 1700		OXYCODONE/APAP 5/325MG 5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 5 MG/1 TABLET [ORAL] 1-2 TABLETS	every 3h PRN			
0167 PD FLK	12/08 1700		ZOLPIDEM 5 MG TABLET ZOLPIDEM TARTRATE Dose: 5 MG/1 TABLET [ORAL] FOR SLEEP, MAY REPEAT X 1 Caution: This medication may cause drowsiness and confusion. It also may increase the patient's risk of falling.	HS MRX1 PRN			
			Scheduled Meds				
	12/10		Levenox 40 mg SA	daily		0900 Jan	
	12/10		Metformin 850mg PO	TID		0900 Jan 1500 2100	

Unadministered Dose Code

R - Refused H - Hold * - See Narrative Note
A - Pt Absent NFO

Site Codes

1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen
4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock
7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh
10-Upper Lt Rt Hip 11-High Lat Lt Hip

3004-01 3SE A0733700361
CAIL, JAMES T

DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07
A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICI

MAR Verified by:

DEC 10 2007

St Anthony Hospital

Covers Doses from:

Medication Administration Record

Printed: 12/09/07 23:00
Page: 3 (End of MAR)

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

***** SCHEDULED MEDICATION ORDERS *****

Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0172 RH FLK	12/09 2100		ALBUTEROL 3 ML SOLUTION ALBUTEROL SULFATE INHL Dose: 2.5 MG [INHL] TO BE ADMINISTERED BY RESPIRATORY CARE PERSONNEL. See Respiratory Care Clinical Notes for documentation of treatment and actual administration time.	every 4h	0100 0500	0900 1700 <i>gn</i>	1700 2100
0159 PD FLK	12/08 0900		AMLODIPINE BESYLATE 10 MG TABLET NORVASC Dose: 10 MG/1 TABLET [ORAL] Ord As: CADUET 10/20 ***** AND *****	Daily		0900 <i>gn</i>	
0159 PD FLK	12/08 0900		ATORVASTATIN 10 MG TABLET LIPITOR Dose: 20 MG/2 TABLET [ORAL]	Daily		0900 <i>gn</i>	
0157 PD FLK	12/08 0900		ASPIRIN EC 325 MG TABLET DR ECASA 325MG Dose: 325 MG/1 TABLET DR [ORAL]	every AM		0900 <i>gn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 100 MCG TABLET SYNTHROID Dose: 100 MCG/1 TABLET [ORAL] ***** AND *****	Daily		0900 <i>gn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 75 MCG TABLET SYNTHROID Dose: 75 MCG/1 TABLET [ORAL]	Daily		0900 <i>gn</i>	
0156 PD FLK	12/08 2100		METOPROLOL TARTRATE 25 MG TABLET LOPRESSOR <i>new dose</i> Dose: 25 MG/1 TABLET 50mg [ORAL] IF NO CONTRAINDICATION	2 x daily		0900 <i>gn</i>	2100
0158 TL	12/08 1630		SURESTEP PRO 1 TEST STRIP FINGERSTICK BLOOD SUGAR TEST Dose: 1 TEST/1 STRIP [MISC] Ord As: START IF BG >150 DOCUMENT RESULTS ON DIABETIC F.S. 60-150mg/dl 0 Units from insulin 151-200 " 0 Unit 351-400 8 Units 201-250 " 2 Unit 401 10 Units 251-300 " 4 Unit REPEAT fbs in 4 hr 301-350 " 6 Unit call DR >= 401	2xdaily ac		0701 273 44 <i>gn</i>	1630
	12/10		Plavix 75 mg	daily		0900 <i>gn</i>	
	12/10		Nexium 20mg PO	BID		0900 <i>gn</i>	2100
	12/10		Digoxin 0.25 mg PO	BID today then daily		0900 <i>gn</i>	2100

Unadministered Dose Code

R - Refused H - Hold * - See Narrative Note
A - Pt Absent NPO

Site Codes

1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen
4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock
7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh
10-High Lat Rt Hip 11-High Lat Lt Hip

Init Signature
[Signature]
Init Signature
[Signature]

3004-01 3SE A0733700361
CAIL, JAMES T

MAR Verified by: 0110
DEC 10 2007

DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07
A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICIL

St Anthony Hospital

Covers Doses from:

Medication Administration Record

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

Printed: 12/09/07 23:00

Page: 1 (more meds follow...)

See Page 7

***** UNSCHEDULED MEDICATION ORDERS (cont.) *****

Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0170 RH FLK	12/08 1700		ACETAMINOPHEN 325 MG TABLET ACETAMINOPHEN Dose: 325 MG/1 TABLET [ORAL] PRN FOR TEMP > 101	every 4h PRN			
0165 PD FLK	12/08 1700		DILTIAZEM INJECTION DILTIAZEM Dose: 10 MG/2 ML [IV] Ord As: <100 IF HR >120 FOR 20MIN HOLD FOR SBP	as needed PRN			
0161 PD FLK	12/08 1700		HEPARIN FLUSH INJ CARTRIDGE HEPARIN LOCK FLUSH Dose: 200 UNITS/2 ML [IV] Ord As: PICC LINE/TRIPLE LUMEN CARE EACH DAY AND PRN AFTER MEDICATION Flush each lumen with 10ml NS followed by 2ml 1000/ml Heparin after blood draws and infusions and daily when not in use ***** AND *****	as needed PRN			
0161 PD FLK	12/08 1700		SODIUM CHLORIDE INJ SYRINGE NS 10ML SYRINGE FLUSH Dose: 0.9 %/10 ML [IV] EACH DAY AND PRN AFTER MEDICATION	as needed PRN			
0164 PD FLK	12/08 1700		MAALOX 30ML U/P 30 ML SUSPENSION MAALOX PLUS USE THIS ONE Dose: 1 DOSE/ [ORAL] Ord As: ANTACID OF CHOICE PRN GASTRIC UPSET	as needed PRN			
0162 PD FLK	12/08 1700		METOCLOPRAMIDE INJECTION REGLAN Dose: 10 MG/2 ML [IV] Ord As: IF CONTRAINDICATED USE ZOPRAN NAUSEA/VOMITING ***** OR *****	q 4 hrs PRN			
0162 PD FLK	12/08 1700		ONDANSETRON INJECTION ONDANSETRON HCL Dose: 4 MG/2 ML [IV] Ord As: IF REGLAN INEFFECTIVE/CONTRAIN NAUSEA/VOMITING Therapeutic substitution per P&T	every 6h PRN			

Unadministered Dose Code

R = Refused H = Hold * = See Narrative Note
A = Pt Absent NPO

Site Codes

1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen
4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock
7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh
10-High Lat Rt Hip 11-High Lat Lt Hip

Init	Signature	Init	Signature
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
MAR Verified by:	<i>[Signature]</i>		
DEC 10 2007			

3004-01 3SE A0733700361
CAIL, JAMES T

DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07
A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICIL

St Anthony Hospital

Covers Doses from:

Medication Administration Record

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

Printed: 12/09/07 23:00
Page: 2 (more meds follow...)

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

Result type: Discharge Instructions
Result date: 24 December 2007 10:42
Result status: Authenticated
Result title: Discharge Instructions
Performed by: BARKER, BLAKE on 24 December 2007 10:51
Verified by: BARKER, BLAKE on 24 December 2007 10:51
Encounter info: 000098119928, NMH, Inpatient, 12/23/2007 -

* Final Report *

Discharge Instructions

Patient: SHEPTIN, LOUIS MRN - 000267786549 - NMH MRN
Age: 59 years Sex: Male DOB: 10/23/1948
Associated Diagnoses: None
Author: BARKER, BLAKE

Discharge Information

Admission date:12/23/07

Discharge date:12/24/07

Hospital physician:Didwania, Parikh, Gindi

Your discharge diagnoses: Chest Pain, subtherapeutic phenytoin level

Procedures performed: Labwork, Chest X-Ray

Activities you may perform (limitations noted):As tolerated

Eating
Dressing
Bathing

12/24/07
3 pages
P. Harvey, M.D.
Clinical Director

Printed by: BARKER, BLAKE
Printed on: 12/24/2007 10:51

Page 1 of 3
(Continued)

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

Cooking
Shopping
Phone use
Travel ability
Treatments
Medication administration
Cleaning/laundry
Walking
Using stairs
Moving from bed to chair

Additional activity restrictions (lifting/driving/other): As tolerated

Assistance you require (walker/cane/crutches/wheelchair/prosthetic device/none):None

Diet restrictions:Low fat, low cholesterol

Allergies:

codeine,tetracycline,Versed

Your complete list of medications to take:

aspirin 325 mg oral tablet
1 tab(s) by mouth daily

Nitrolingual
1 spray(s) under the tongue every 5 minutes

phenytoin 600mg oral capsule, extended release
1 capsule by mouth daily (HIGHER DOSE)

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

Plavix

75 milligram by mouth daily

sotalol

40 mg PO qd

Tylenol

325 milligram by mouth every four hours as needed for pain

Vytorin 10/40 tab

1 tab(s) by mouth daily

Zantac 150

150 milligram by mouth twice a day

TEGRETOL 200 mg by mouth twice a day

Changes from your prior medications:

Phenytoin dose was increased.

When to call your doctor: If any of your symptoms worsen or continue without resolution or response to medical therapy.

Additional instructions (daily weights, wound care): None

You must tell your doctor about these issues needing further evaluation:

Right breast mass (consider biopsy)

Subtherapeutic phenytoin level

Your appointments:

Follow up with your internal medicine doctor in 2-4 weeks.

Instructions were reviewed and given to the patient.